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Application of Doctor Number  
09/899265-

**OTHER THAN  
SMALL ENTITY**

(Column 1)	(Column 2)
1	2
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99	100

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE (27 CFR 1.16(a))				\$ _____	OR		\$ _____
TOTAL CLAIMS (27 CFR 1.16(c))	minus 20 =	*	x \$ _____		OR	x \$ _____	
INDEPENDENT CLAIMS (27 CFR 1.16(b))	minus 3 =	*	x \$ _____		OR	x \$ _____	
MULTIPLE DEPENDENT CLAIM PRESENT (27 CFR 1.15(d))			+ \$ _____		OR	+ \$ _____	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

OTHER THAN  
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12-23-01 (Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (21 CFR 1.140(d))	31	Minus	31				
	Independent (21 CFR 1.140(g))	3	Minus	3				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (21 CFR 1.140(d))							

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$		OR	X \$	
X \$		OR	X \$	
+ \$		OR	+ \$	
TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
Total (37 CFR 1.16(c))	28	Minus 31	0	X \$		OR	X \$	
Independent (37 CFR 1.16(c))	3	Minus 3	0	X \$		OR	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(c))				+ \$		OR	+ \$	
				TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
Total (27 CFR 1.14(d))	28	Minus 31	0	X \$ =		OR	X \$ =	
Independent (27 CFR 1.14(b))	3	Minus 3	0	X \$ =		OR	X \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.14(d))				+ \$ =		OR	+ \$ =	
TOTAL				TOTAL			TOTAL	

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- If the entry in column 1 is less than the entry in column 2, write "U" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter 3.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to lie (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2*